FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

| OMB APPROVAL | | | | |
|---|-----------------------------|--|--|--|
| OMB Number: | 3235-0076 ember 20, 2008 | | | |
| Expires: Septe Estimated average hours per response | | | | |

0001459775

TEMPORARY FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

| | SEC USE ONLY | |
|--------|---------------|--------|
| Prefix | | Serial |
| | | |
| | DATE RECEIVED | |
| | | |
| | DATE RECEIVED | |

| Name of Offering (check if this is an amendment and name has changed, and indicate change.) Cavalry Capital Appreciation Master Fund, L.P Limited Partnership Interests | |
|--|---|
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: New Filing Amendment | Section 4(6) ULOE |
| A. BASIC IDENTIFICATION DATA | |
| Enter the information requested about the issuer | |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Cavalry Capital Appreciation Master Fund, L.P. | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) One California Street, Suite 3000, San Francisco, CA 94111 | Telephone Number (Including Area Code) 415.439.7000 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) | Telephone Number (Including Area Code) |
| Brief Description of Business - Investment vehicle | |
| Type of Business Organization corporation limited partnership, already formed other (please specify): limited partnership, to be formed | 09036705 |
| Actual or Estimated Date of Incorporation or Organization: Month Vear O Actual Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) | Estimated |

GENERAL INSTRUCTIONS Note: This is a special Temporary Form D (17 CFR 239.500T) that is available to be filed instead of Form D (17 CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17 CFR 239.500T) or an amendment to such a notice in paper format on or after September 15, 2008 but before March 16, 2009. During that period, an issuer also may file in paper format an initial notice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments using Form D (17 CFR 239.500) and otherwise comply with all the requirements of § 230.503T.

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.W., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. The copy not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

| en e | | A. BASIC IDENT | FICATION DATA | | |
|---|--|-------------------------------|-----------------------------|-----------------------|---|
| 2. Enter the information reques | | | | | |
| | | has been organized within the | | % or more of a class | s of equity securities of the issuer; |
| | | | rate general and managing p | | |
| Each general and man | | | ate general and managing p | araicio or paraicioni | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if indi Cavalry Asset Management, L.P. | * | | | | |
| Business or Residence Address (N One California Street, Suite 300 | Tumber and Street, C 0, San Francisco, C | City, State, Zip Code) | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if indi | | | | | |
| Cavalry Management Group, L. | | | Partner of the General Par | tner | |
| Business or Residence Address (N | | | | | |
| One California Street, Suite 300 | 0, San Francisco, C | CA 94111 | <u> </u> | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if indi | | | | | |
| Hurley, John K Managing Me | ember of Cavalry M | lanagement Group, L.L.C | • | | |
| Business or Residence Address (N | | | | | |
| California Street, Suite 3000, Sa | ın Francisco, CA 94 | 4111 | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if ind | ividual) | | | | |
| Business or Residence Address (N | Number and Street, (| City, State, Zip Code) | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if ind | ividual) | | | | |
| Business or Residence Address (N | Number and Street, C | City, State, Zip Code) | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if ind | lividual) | | | | |
| Business or Residence Address (N | Number and Street, C | City, State, Zip Code) | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if ind | lividual) | | | | |
| Business or Residence Address (1 | Number and Street, (| City, State, Zip Code) | | | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

| | | | | | B. IN | FORMAT | ON ABOU | r offeri | NG | | | | | |
|--|-------------------------------|------------------|--------------|----------------------|----------------|---------------|----------------|------------------|---------------|--------------|--------------|--------------|-------------|-------------|
| | | | | | 11 . | 3., 1. | | | | | | | YES | NO NO |
| Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE | | | | | | | | | \boxtimes | | | | | |
| 2. What is the minimum investment that will be accepted from any individual? | | | | | | | | ······· - | \$5,000, | 000* | | | | |
| * | The Genera | il Partner | reserves th | ie right to a | accept lesse | r amounts | | | | | | | YES | NO |
| 3. E | oes the offer | ing permi | t ioint owne | rship of a s | ingle unit? | | | | | | | | \boxtimes | |
| 4 F | inter the info | ormation r | equested for | r each ners | son who has | s been or w | ill be paid of | or given, di | rectly or in | directly, an | y commiss | sion or | | |
| а | imilar remur | rson or ag | ent of a bro | oker or deal | ler registere | d with the S | EC and/or v | vith a state | or states, li | st the name | e of the bro | oker or | | |
| d | ealer. If mo | re than fiv | ve (5) perso | ns to be list | ted are asso | ciated person | ns of such a | broker or de | ealer, you n | nay set fort | h the infor | mation | | |
| | or that broke me (Last nar | | | - | | | | | | | | | | |
| | | | | | City State | 7in Codo) | - | | | | - | | | |
| Busines | s or Residen | ce Addres | s (Number | and Street, | City, State, | Zip Code) | | | | | | | | |
| | | | ~ . | e** | | | | | | | | | | |
| Name o | of Associated | Broker of | Dealer | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| States in | n Which Pers | | | | | | | | | | П. | II States | | |
| [A]] | (Check "A | All States" [AZ] | or check ir | ndividual St [CA] | ates) [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | <u> </u> | III States | | |
| [AL] [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] | | |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] [WA] | [OH] [WV] | [OK] [WI] | [OR] [WY] | [PA] [PR] | | |
| [RI] | [SC] ne (Last nan | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [** 1] | [**1] | [110] | | |
| 1 un iva | iic (Lust naii | io mot, m | mar riadai) | | | | | | | | | | | |
| Busi | ness or Resid | dence Add | lress (Numb | er and Stree | et, City, Star | te, Zip Code |) | | ** | | | | | |
| | | | ` | | | · • | | | | | | | | |
| Nam | e of Associa | ted Broke | r or Dealer | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| States | in Which Po | erson Liste | ed Has Solid | cited or Inte | nds to Solic | it Purchaser | S | | | | | | | |
| (Check ' | 'All States" o | or check in | dividual St | ates) | | | | | | | A | ll States | | |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] | | |
| [IL] [MT] | [IN] [NE] | [IA] [NV] | [KS] [NH] | [KY] [NJ] | [LA] [NM] | [ME] [NY] | [MD] [NC] | [MA] [ND] | [MI] [OH] | [MN] [OK] | [MS] [OR] | [MO] [PA] | | |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] | | |
| Full Na | me (Last nar | ne first, if | individual) | | | | | | | <u>-</u> | | | | |
| | | | | | | | | | | | | | | |
| Bus | iness or Res | idence Ad | dress (Num | ber and Stre | et, City, Sta | ite, Zip Code | e) | | | | | | | |
| | | | ` | | | | | | | | | | | |
| Nor | ne of Associ | ated Broke | er or Dealer | | | | | | | | | | | |
| Ivai | ne of Associ | aicu Dioki | of Dealer | | | | | | | | | | | |
| States | in Which P | erson List | ed Has Solie | cited or Inte | ends to Solic | it Purchaser | s | | | | | | | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | | | | | | | | | | | | | | |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] | | |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] [NY] | [MD] [NC] | [MA] [ND] | [MI] [OH] | [MN] [OK] | [MS] [OR] | [MC [PA] | - | |
| [MT] [RI] | [NE] [SC] | [NV] [SD] | [NH] TN] | [NJ] [TX] | [NM] [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] | | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | | | |
|----|--|-------------|-----------------------|----------------|-------------------------------|
| | Column bollow and announce of the column bollows of the column bollows and the column bollows and the column bollows and the column bollows and the column bollows are column bollows. | | | | |
| | Type of Security | - | gregate ring Price | | Amount Already Sold |
| | Deht | \$ | -0- | \$ | -0- |
| | Debt Equity | \$ | -0- | \$ | -0- |
| | <u> </u> | | | Ψ | -0 |
| | Common Preferred | | | _ | |
| | Convertible Securities (including warrants) | \$ | -0- | \$ | -0- |
| | Partnership Interests | | 00,000,000 | | 277,938,816 |
| | Other (Specify) | \$ | -0- | \$ | -0- |
| | Total | \$ 1,0 | 00,000,000 | \$ | 277,938,816 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total line. Enter "0" if answer is "none" or "zero." | | lumber | | Aggregate Dollar Amount |
| | | _ | vestors | | of Purchases |
| | Accredited Investors | | 2 | \$ | 277,938,816 |
| | Non-accredited investors | | -0- | \$ | -0- |
| | Total (for filings under Rule 504 only) | | NA | \$ | NA |
| 3. | Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. | | Γype of | | Dollar Amount |
| | Type of offering | | ecurity | | Sold |
| | Rule 505 | | NA | \$ | NA |
| | Regulation A | | NA | \$ | NA |
| | Rule 504 | | NA | \$ | NA |
| | Total | | NA | \$ | NA |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this | | | | |
| | offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | M | • | |
| | offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees | | <u> </u> | \$ | -0- |
| | offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees | | 🛛 | \$ \$ | -0- |
| | offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees | | 🛛 | _ | |
| | offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees | | | \$ | -0- |
| | offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees | | | \$ | -0- 75,000 |
| | offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees | | | \$ \$ \$ | -0- 75,000 5,600 |
| | offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees | | | \$ \$ \$ | -0- 75,000 5,600 -0- |

| C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE | OF PROCI | EEDS | |
|--|------------|---|-----------------------|
| b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and to expense furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." | otal ne | | \$ 999,917,400 |
| Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for ear purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set response to Part C - Question 4.b above. | ne left of | | |
| | Γ | ayments to Officers Directors & Affiliates | Payments to Others |
| Salaries and fees | 🛛 💲 | -0- | \$ -0- |
| Purchase of real estate | × s | -0- | \$ -0- |
| Purchase, rental or leasing and installation of machinery and equipment | 🛛 💲 | -0- | \$ -0- |
| Construction or leasing of plant buildings and facilities | | -0- | \$ -0- |
| Acquisition of other businesses (including the value of securities involved in this | | | |
| offering that may be used in exchange for the assets or securities of another assets or securities of sanother | 🖂 s | -0- | S |
| Repayment of indebtedness | | -0- | _ |
| | <u> </u> | | |
| Working capital | | -0- | <u>\$ -0-</u> |
| Other (specify) Portfolio Investments | _ 🛛 🖠 | -0- | \$999,917,400 |
| | – – ⊠ s | -0- | ⋈ s -0- |
| | | - | |
| Column Totals | × s | -0- | \$999,917,400 |
| Total Payments Listed (column totals added) | •••• | \boxtimes | \$999,917,400 |
| D. FEDERAL SIGNATURE | | | |
| | | | |

5.

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice if filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

| non-accredited investor pursuant to paragraph (0)(2) of Kule 30 | 2. | |
|---|---|--|
| Issuer (Print or Type) | Signature | Date |
| Cavalry Capital Appreciation Master Fund, L.P. | | 3[10]09 |
| Name (Print or Type) | Title of Signer (Print or Type) | |
| • | Managing Member of Cavalry Manageme | ent Group, LLC, General Partner of Cavalry Asset |
| John K. Hurley | Management, LP, General Partner of the Is | suer |

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).